

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09-889302

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
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TOTAL IND.	2		2			
TOTAL DEP.	7	↓	6	↓		↓
TOTAL CLAIMS	9		8			

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						